



REORGANIZATION DECISION MEMORANDUM

*The decision memorandum must be completed, signed by the Assistant Administrator/ Regional Administrator, submitted to Troy Boxton, Office of Human Resources, Policy, Planning and Training Division and the designated HR Shared Service Center Representative via email and hardcopy for review. If there are questions regarding this form, please refer to the agency's reorganization website for additional information at:
<http://intranet.epa.gov/ohr/programs/reorg/steps.htm>*

NOTE: Signing of this memorandum prior to stakeholder reviews does not confirm that the AA/RA agrees to any comments received pending final stakeholder comments.

MEMORANDUM

DATE: 05/10/2016

SUBJECT: Office of Tribal Affairs Reorganization Proposal — **REORGANIZATION DECISION MEMORANDUM**

FROM: Patrick Bustos, Director Office of Tribal Affairs

TO: Mark Hague, Regional Administrator

NEED

The Office of Tribal Affairs has expanded to include international coordination activities as part of the functional responsibilities. Due to this change, the office needs to change its name to accurately reflect the new responsibilities and overall functions of the entire office.

REVIEW AND ANALYSIS

Program staff plans to conduct outreach and education to various stakeholders on the new responsibilities and name change.

RECOMMENDATION

I have received notice from the Office of Administration and Resources Management's Office of Human Resources that all comments have been satisfactorily resolved and the proposal is ready for approval.

Approved:

[AA or RA]

Date:

Attachment:

Tab A: Reorganization Proposal Form



Directions: This form must be completed and submitted to the Program Management and Communications Staff via **e-mail and hardcopy**. Please type your proposal directly into this document (using Times New Roman, 12 pt font). If you have any questions, contact your OHR Consultant. Phone numbers are listed under "Reorganization Contacts" on the web site.

MEMORANDUM

DATE: 05/10/16

SUBJECT: Title Change Proposal
Office of Regional Administrator/Office of Tribal Affairs

FROM: Patrick Bustos- Director, Office of Tribal Affairs

THRU: Mark Hague- Regional Administrator

TO: Troy Boxton, Program Management and Communications Staff, Office of Human Resources

Purpose:

The Office of Tribal Affairs has expanded to include international coordination as part of the functional responsibilities. Due to this change, the office's title should accurately reflect the new responsibilities and overall functions of the entire office.

Background:

This change does not require any internal or external discussion with stakeholders. It is a name change that will more accurately reflect the new programmatic responsibilities of the regional office. Program staff plans to conduct outreach and education to various stakeholders on the new responsibilities and name change.

Proposed Title Change:

Please provide the following information:

Current Organizational Title: Office of Tribal Affairs (OTA)

Proposed Organizational Title: Office of Tribal and International Coordination (OTIC)

Certifications:

Check all boxes that apply:

- ✓ **Staffing:** This title change proposal is changing our organizational title associated with each of our employees. There are no other staffing impacts.
- ✓ **Organizational Charts:** This title change proposal is changing our organizational title in our organizational charts. There are no other organizational impacts.
- ✓ **Functional Statements:** This title change proposal is changing our organizational title in our functional statements. There are no other functional impacts.

EPA Directives:

Note any EPA directives (Delegations of Authority, EPA Orders, Agency Manuals) or EPA policies where organizational titles need to be changed and attach electronic copies.



REORGANIZATION PROPOSAL

The Reorganization Proposal form must be completed, signed by your Assistant Administrator/Regional Administrator, and submitted to Troy Boston, OARM, Office of Human Resources, Policy, Planning and Training Division and to your designated HR Shared Service Center Representative via **email and hardcopy** for review. Please complete this form in its entirety and submit with all required documents and approvals; forms are available at <http://intranet.epa.gov/ohr/programs/reorg/start.htm>. If you have any questions regarding completion of this form, please see page 2 for Troy's contact information.

A. CONCISE STATEMENT OF CHANGE

1. Provide an executive summary that succinctly explains the proposed change(s) (one paragraph or less). - **The Office of Tribal Affairs has expanded to include international coordination as part of the functional responsibilities. Due to this change, the office's name should accurately reflect the new responsibilities and overall functions of the entire office.**
2. Describe the title(s) of the unit(s) affected.
No Change- Office of the Regional Administrator
Change- Office of Tribal Affairs to Office of Tribal and International Coordination
3. Explain the change purpose (e.g., whether the change is due to a new legislative authority, new program authority or shifts in program emphasis). - **New responsibilities and overall programmatic functions.**
4. Discuss the progress to date based on communications with level approvers and discussions with stakeholders, unions, SSCs, etc. - **Program staff plans to conduct outreach and education to various stakeholders on the new responsibilities and name change.**
5. Describe the benefits of this change(s) to the agency (e.g., increased accountability, enhanced communication and coordination, improved efficiency). - **Benefits of this change will be enhanced communication and coordination between international diplomats on environmental issues.**
6. Is there an impact between AA/RA offices, between offices within an AA office or between Regional divisions? - No

B. ANALYSIS OF IMPACT ON PERSONNEL

1. Will there be an impact on the supervisor-to-staff ratio at the AAship/RAship level? (Contact your HRO/PMO for the current ratio). ☒ No ☐ Yes
If yes, please explain and include your present AAship/RAship supervisor-to-staff ratio _____ and the proposed AAship/RAship supervisor-to-staff ratio _____.
2. Will this proposed reorganization: (a) Eliminate positions; (b) Cause a reduction in force; (c) Change how positions are graded; (d) Add new functional units; or (e) Support a VERA/VSIP? ☒ No ☐ Yes
If yes, please explain.
3. Will there be an impact on the diversity of the organization? ☒ No ☐ Yes
If yes, please explain.



REORGANIZATION PROPOSAL

C. ADMINISTRATIVE ISSUES *(Failure to address all administrative issues may result in a delay in the implementation of the reorganization.)*

1. Will there be any physical moves of staff? ☒ No ☐ Yes
If yes, please explain.
2. Will new space be required? ☒ No ☐ Yes
If so, have all technical (computer, telecommunications, etc.) needs been assessed?
3. Will the reorganization require new information systems/technologies, or significant changes to existing ones, and (if so) has it been acquired? ☒ No ☐ Yes
If yes, please explain.
4. Will there be any budgetary impacts? **If yes, please explain in detail.** ☒ No ☐ Yes

D. EPA DIRECTIVES

1. Will any Delegations of Authority, Orders or Manuals be affected? ☒ No ☐ Yes
If yes, please explain and attach the directive affected.

E. ATTACHMENTS *(Use the forms provided)*

1. Staffing Plan Crosswalk *(Use Staffing Plan Template)*. Contact your servicing HR SSC for information *(Do not include social security numbers)*.
2. Current Organizational Chart.
3. Proposed Organizational Chart *(Must include all organization levels)*.
4. Current Functional Statement.
5. Proposed Functional Statement *(Must include all reporting levels)*.

Assistant Administrator/Regional Administrator Approval

Name: MARK J HAGUE

Title: RA

Signature: [Signature]

Date: 5/17/16

Human Resources Office/Program Management Office Reviewed

Name:

Title:

Signature:

Date:

Human Resources Shared Service Center Approval *(Certifies Receipt of this Package)*

Name:

Title:

Signature:

Date:

Contact Information:

Troy Boxton, Management Analyst
Office of Administration and Resources Management
Office of Human Resources
Policy, Planning and Training Division
Workforce Planning Branch
1200 Pennsylvania Avenue, N.W.
Room 1419 WJC East MC-3600A
Washington, D.C. 20460
Office: (202) 564-7419
Fax: (202) 564-1928
boxton.troy@epa.gov

STAFFING PLAN CROSSWALK FORM

ORGANIZATION NAME: REGION 7 OFFICE OF TRIBAL AFFAIRS

NOTE(s): All eight columns must be completed by the program office. See instruction tab for detailed procedures on crosswalk completion. Please briefly explain proposed changes in the notes column, including the use of any standard position descriptions.

PROPOSED: OFFICE OF TRIBAL AND INTERNATIONAL COORDINATION - WB000000 (NAME CHANGE ONLY)

(A) Current Org Code	(B) Current Acronym	(C) Employee Name	(D) Current Position Title/Series/Grade	(E) Proposed Position Title/Series/Grade (If Changed)	(F) Empl ID	(G) Realign (L)/Reassign (R)/No Change (NC)	(H) Notes
WB000000	OTA	Patrick Bustos	Supervisor, Environmental Protection Specialist, GS-028-15		16452	NC	
WB000000	OTA	Stanley Holder	Program Analyst, GS-0028-13		25771	NC	
WB000000	OTA	Brandy Reed	Environmental Protection Specialist, GS-0028-12		27201	NC	

EPA ORGANIZATION CODE CHANGE REQUEST FORM

(11/2015 Edition)

Proposed Effective Date: 05/10/2016
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REGION/AASHIP: Region 7

Instructions: Please complete the Organization code change form and forward it as part of the final reorganization package (without the examples). All requested changes will be reviewed by the agency's reorganization team for conformity with system code change procedures. Failure to provide this information may delay processing of this request. There must be **one line** for each Type of Change. Deleted organizations will be inactivated and the Current Organization Name and Organization Code needs to be provided. New organizations start at Type of Change with "New Organization" and fill in the rest to the right. Please provide the City and State, "Duty Location" of the new organization. When Renaming organizations, if it changes in the organizational level then that organization can not be changed. It needs to be listed as a Delete and a New Organization created with the new name. Renamings stay at the same level in the organization heirarchy.

[illegible]



CURRENT FUNCTIONAL STATEMENT

Please enter information directly into this template using Times New Roman, 12 pt. Font

DIVISION: Office of Regional Administrator

OFFICE: Office of Tribal Affairs

HEADQUARTERS OR REGIONAL OFFICE: Region 7

ORGANIZATION HEAD: Regional Administrator, Mark Hague

REPORTS TO: Administrator, Gina McCarthy

FUNCTIONS:

The Office of Tribal Affairs performs the following functions:

- Tribal Coordination
- Tribal Communication
- Tribal Outreach



PROPOSED FUNCTIONAL STATEMENT

Please enter information directly into this template using Times New Roman, 12 pt. Font

DIVISION: Office of Regional Administrator

OFFICE: Office of Tribal and International Coordination

HEADQUARTERS OR REGIONAL OFFICE: Region 7

ORGANIZATION HEAD: Regional Administrator, Mark Hague

REPORTS TO: Administrator, Gina McCarthy

FUNCTIONS:

The Office of Tribal and International Coordination will perform the following functions:

- Tribal Coordination
- Coordination of international requests and visitors
- Tribal Communication
- Tribal Outreach

[illegible]

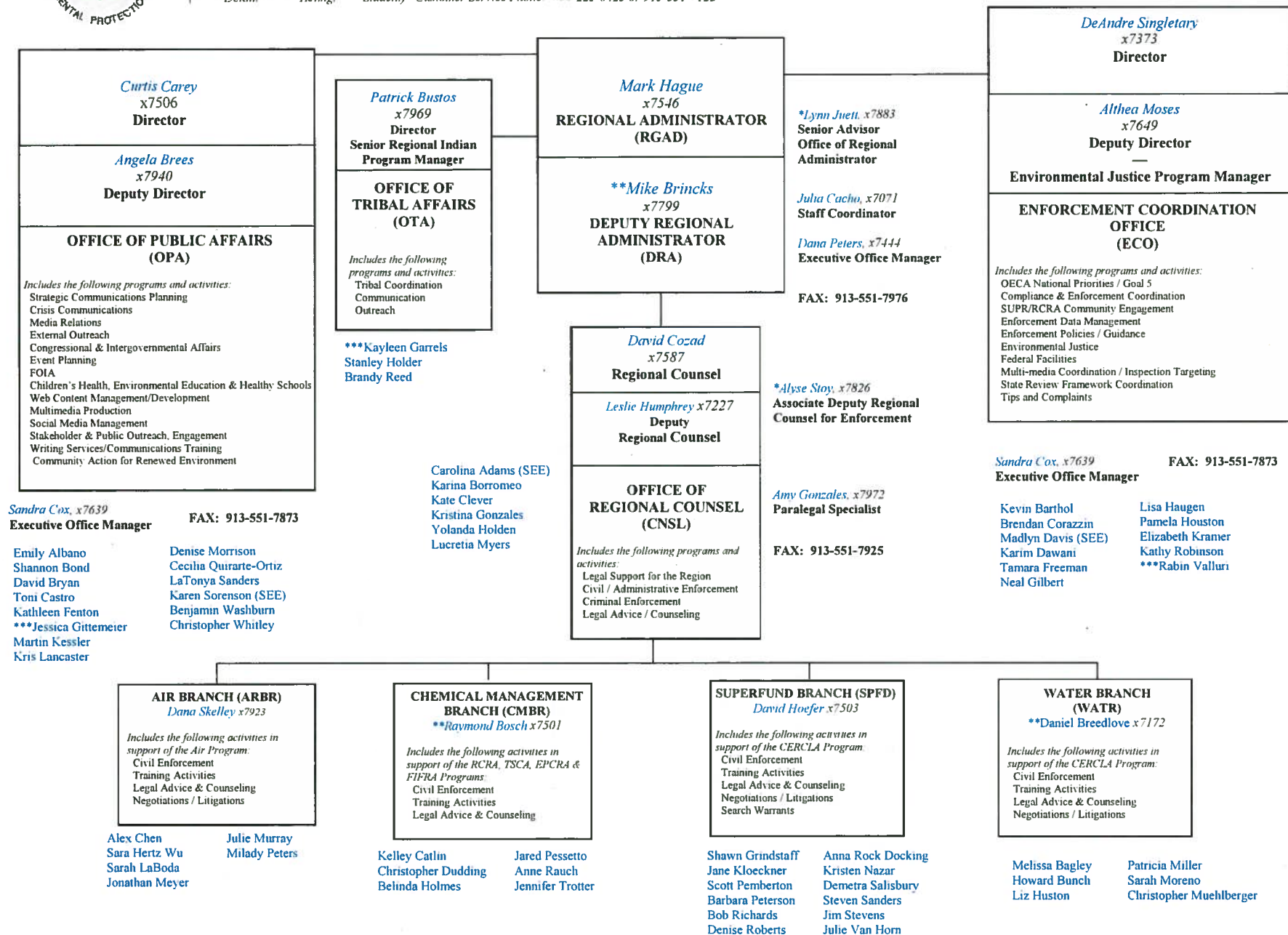


REGIONAL ADMINISTRATOR REGION 7 ORGANIZATIONAL STRUCTURE

November 2015

("**" - Detail, "***" - Acting, ***-Student) Customer Service Phone: 800-223-0425 or 913-551-7122

Current Org Chart/Proposed Org Chart-NO CHANGE





REGIONAL ADMINISTRATOR REGION 7 ORGANIZATIONAL STRUCTURE

Proposed Organizational Chart-NO CHANGE

November 2015

("**" - Detail, "***" - Acting, ***-Student) Customer Service Phone: 800-223-0425 or 913-551-7122

